

CLAIMS ONLY				Application Number <div style="font-size: 1.5em; font-family: monospace;">10696989</div>		Filing Date	
				Applicant(s)			
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1							
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48							
49							
50							
Total Indep	5						
Total Depend	51						
Total Claims	56						